

UNITED STATES DISTRICT COURT  
for the  
District of Nevada

Mark Clifford Sykes, Sui Juris

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*Plaintiff(s)*

v.

Civil Action No. 2:21-cv-01479-RFB-DJA

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.

)  
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)  
)  
)

*Defendant(s)*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* Officer S. Hunt badge number P#17602

400 S. Martin L. King Blvd.  
Las Vegas, Nevada, 89106

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark Clifford Sykes  
P.O. Box # 91614  
Henderson, Nevada [89009]

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

*Signature of Clerk or Deputy Clerk*

**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.:	TYPE OF PROCESS Civil

**SERVE** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**AT** { OFFICER S. Hunt P#17602  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 400 S. Martin L. King Blvd. Las Vega, Nevada, 89106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	5
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Las Vegas Metropolitan Police Department  
(702) 828-3111  
Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Plaintiff Signature of Attorney other Originator requesting service on behalf of: <i>: Mark - e1, K6, d1, Sykes</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE <i>01/03/2022</i>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY– DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process ____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

<b>DISTRIBUTE TO:</b>	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris		COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.:		TYPE OF PROCESS Civil
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE</b> { OFFICER S. Hunt P#17602 <b>AT</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 400 S. Martin L. King Blvd. Las Vegas, Nevada, 89106		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 5
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]		Number of parties to be served in this case 5
		Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):**

**Fold** \_\_\_\_\_ **Fold** \_\_\_\_\_

Las Vegas Metropolitan Police Department  
(702) 828-3111  
Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Plaintiff Signature of Attorney other Originator requesting service on behalf of: <i>:Mark-clifford-sykes</i>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	702-986-1864	01/03/2022

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy			

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

<b>DISTRIBUTE TO:</b>	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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UNITED STATES DISTRICT COURT  
for the  
District of Nevada

Mark Clifford Sykes, Sui Juris

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*Plaintiff(s)*

v.

Civil Action No. 2:21-cv-01479-RFB-DJA

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.

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)  
)

*Defendant(s)*

)

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* National Crime Information Center  
Criminal Justice Information Services (CJIS) Division  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark Clifford Sykes  
P.O. Box # 91614  
Henderson, Nevada [89009]

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

*Signature of Clerk or Deputy Clerk*

**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.:	TYPE OF PROCESS Civil
<b>SERVE AT</b> <span style="font-size: 2em; vertical-align: middle;">{</span> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>National Crime Information Center Criminal Justice Information Services (CJIS) Division</b> <b>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</b> 1000 Custer Hollow Road, Clarksburg, West Virginia 26306	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 5
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

email: ioau@fbi.gov

Hours of Service: 9:00 a.m. - 5:00 p.m.

Telephone: (304) 625-2000

Plaintiff Signature of Attorney other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process ____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____ _____ _____	Date _____ _____ _____
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date _____ _____ _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____ _____		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

<b>DISTRIBUTE TO:</b>	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.:	TYPE OF PROCESS Civil

**SERVE** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**AT** { National Crime Information Center Criminal Justice Information Services (CJIS) Division  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 1000 Custer Hollow Road, Clarksburg, West Virginia 26306

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	5
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

email: ioau@fbi.gov  
 Hours of Service: 9:00 a.m. - 5:00 p.m.  
 Telephone: (304) 625-2000

Plaintiff Signature of Attorney other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE <i>01/03/2022</i>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____ No. _____	District of Origin _____ No. _____	District to Serve _____ No. _____	Signature of Authorized USMS Deputy or Clerk	Date _____ _____ _____ _____
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address ( <i>complete only different than shown above</i> )	Date _____ _____ _____ _____	Time _____ _____ _____ _____	<input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____ _____			

Service Fee _____ _____	Total Mileage Charges including endeavors _____ _____	Forwarding Fee _____ _____	Total Charges _____ _____	Advance Deposits _____ _____	Amount owed to U.S. Marshal* or (Amount of Refund*) _____ _____ \$0.00
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REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_

<b>DISTRIBUTE TO:</b>	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**UNITED STATES DISTRICT COURT**  
for the  
**District of Nevada**

Mark Clifford Sykes, Sui Juris

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*Plaintiff(s)*

v.

Civil Action No. 2:21-cv-01479-RFB-DJA

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.

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)  
)  
)

*Defendant(s)*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* Officer Smith badge number P# 9643

400 S. Martin L. King Blvd.  
Las Vega, Nevada, 89106

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark Clifford Sykes

P.O. Box # 91614  
Henderson, Nevada [89009]

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.:	TYPE OF PROCESS Civil
<b>SERVE AT</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Officer Smith badge number P# 9643</b> <b>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</b> <b>400 S. Martin L. King Blvd. Las Vega, Nevada, 89106</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	
<input type="checkbox"/> Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold Fold

Las Vegas Metropolitan Police Department  
(702) 828-3111

Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

<b>Plaintiff</b> Signature of Attorney other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	702-986-1864	01/03/2022

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY– DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy			

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

<b>DISTRIBUTE TO:</b>	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris		COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.:		TYPE OF PROCESS Civil
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> Officer Smith badge number P# 9643 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 400 S. Martin L. King Blvd. Las Vega, Nevada, 89106		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 5
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]		Number of parties to be served in this case 5
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

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Fold

Las Vegas Metropolitan Police Department  
(702) 828-3111  
Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Plaintiff Signature of Attorney other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE <i>01/03/2022</i>
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

<b>DISTRIBUTE TO:</b>	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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